

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	3752
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LIQUID ATOMIZER
Attorney Docket Number::	ZUR=1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Yoel
Middle Name::	

Family Name:: ZUR
Name Suffix::
City of Residence:: Korazim
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: No. 4
City of Mailing Address:: Korazim
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 12391
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Gandin
Middle Name::
Family Name:: VITALY
Name Suffix::
City of Residence:: Qiriat Shmone
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address::
City of Mailing Address:: Qiriat Shmone
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 11632
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Zohar
Middle Name::
Family Name:: KATZMAN
Name Suffix::
City of Residence:: Haifa

State or Province of Residence::

Country of Residence:: ISRAEL

Street of Mailing Address:: 25 Rubenstein Street

City of Mailing Address:: Haifa

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 34987

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: DE VRIES

Name Suffix::

City of Residence:: Herzeliya

State or Province of Residence::

Country of Residence:: ISRAEL

Street of Mailing Address:: 10 Chovevei Zion ZStreet

City of Mailing Address:: Herzeliya

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 46455

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application Continuation of 09/722,388 11/28/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	133226	11/30/99	Yes

Assignment Information

Assignee Name::	DAN MAMTIRIM
Street of Mailing Address::	Kibbutz Dan
City of Mailing Address::	Doar Na Hagalil Haelion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	12245